

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
DATE FILED PDC
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JAN 09 2017

1. Lobbyist Name
Steve Duncan (Duncan & Associates)

Business Telephone Numbers
 Permanent (206) 283-4697

Permanent Business Address
2621 Second Ave Ste. 1804

Temporary ()
 Cell Phone ()
 or Pager

City **Seattle** State **WA** Zip **98121**

E-Mail Address
Steve@Duncanlabs.com

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)
CIOX Health c/o MultiState Associates Inc.
515 King Street, Suite 300, Alexandria, VA 22314

Medical records

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports.
Jeffery A. Hartgen, 515 King Street, Suite 300, Alexandria, VA 22314

5. What is your pay (compensation) for lobbying?
 \$ 3,000 per Month
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalairied officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.
 Yes: \$ _____ per _____
 Yes: I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.
No.

7. How long do you expect to lobby for this organization?
 Permanent lobbyist Only during legislative session Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.
 No Yes. However, no member has paid, pays, or is expected to pay over \$500.
 Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.
 No Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	08 <input type="checkbox"/>	Fiscal
02 <input checked="" type="checkbox"/>	Business and consumer affairs	09 <input checked="" type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	10 <input type="checkbox"/>	Human services
04 <input type="checkbox"/>	Education	11 <input type="checkbox"/>	Labor
05 <input type="checkbox"/>	Energy and utilities	12 <input type="checkbox"/>	Law and justice
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	13 <input type="checkbox"/>	Local government
07 <input type="checkbox"/>	Financial institutions and insurance	14 <input type="checkbox"/>	State government
		15 <input type="checkbox"/>	Transportation
		16 <input type="checkbox"/>	Other - Specify:

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE **[Signature]** DATE **1-7-17**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE **Jeffery A. Hartgen, Principal** DATE **12/29/16**